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**SEPA TRAINING OF
FACILITATORS CURRICULUM**

SEPA Training of Facilitators Curriculum

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INTRODUCTION

Overview of Training Curriculum

This Training of Facilitators Curriculum (TOFC) provides the information needed to train the community-based agency staff who will implement SEPA with clients in their agencies throughout the United States. We refer to these individuals as facilitators and refer to clients as participants. As a SEPA trainer, your role is to teach new facilitators how to implement this evidence-based HIV prevention intervention. The training should take place over four days with up to 14 facilitators. The TOFC contains an agenda for each day of the training.

SEPA is a six session intervention designed to address the specific needs of heterosexually active Hispanic women/Latinas¹, ages 18 to 44, at risk of HIV infection due to unprotected sex. Women are eligible to participate in SEPA if they have had unprotected sex with a man of unknown serostatus or a man living with HIV during the six months prior to enrollment and/or if they have been treated for an STD during the past six months. Participants should understand and be able to speak English.

SEPA facilitators must be women who speak Spanish and English. They should be trained in disease prevention, health promotion, risk reduction, or another health care specialty. We prefer that facilitators be certified by the American Red Cross or otherwise trained in the fundamentals of HIV prevention by their state health department or regional Prevention Training Center. Another preference to enhance the delivery of SEPA is that facilitators receive training in domestic and sexual violence because the fifth session of the intervention is devoted to relationship violence and its implications for HIV prevention.

¹ We refer to Hispanic women as Latinas.

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During the training, facilitators will review and experience the intervention *in its entirety* and practice facilitating such activities as discussions, presentations, and role-plays. After completing the training, facilitators should be prepared to implement SEPA in their own agencies.

As the trainer, you will facilitate SEPA session- by- session. By observing how you facilitate each session, facilitators learn how information is presented; how discussions, exercises, demonstrations, and role-plays are implemented; and they can identify implementation challenges that might arise in their agencies.

As you model the actual facilitation of SEPA, you will ask facilitators to wear two different hats. First, facilitators will pretend that they are SEPA participants. By pretending to be participants, facilitators will be able to learn how the sessions unfold and what it may feel like for participants as they experience the intervention. Second, trainers will ask facilitators to be themselves—facilitators. As facilitators, trainees will discuss their thoughts and opinions of the intervention and practice actual facilitation skills.

To make sure everyone is wearing the same hat, facilitators will instead wear one of two signs throughout the training. When facilitators are acting as participants, they wear the sign with the word Go showing to the group. When facilitators are participants, you will be the facilitator. In other words, the trainer will facilitate the session as the Facilitators Guide instructs. Facilitators will be instructed to follow along using the guide and the Participant Workbook as they act as participants.

When it's time to be facilitators, trainees will be asked to turn the sign over so that the word Stop is showing to the group. As trainer, you will lead discussions about the information, exercises, demonstrations, and role-plays that were just implemented. The TOFC instructs trainers when trainees need to switch signs by using Stop and Go boxes throughout the document. When a

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trainer sees a Stop or Go box, she should instruct trainees to turn over their signs and switch roles.

Giving trainees the opportunity to practice implementation of SEPA is an important component of the training. We call these practice activities teach-backs. There are teach-backs for sessions 1 through 5 and each facilitator should participate in at least one teach-back. Topics for teach-backs are included in the TOFC as well as times for the teach-backs to take place during the training. With two trainers conducting the training, the time for teach-backs will be cut in half because two teach-back groups can meet concurrently. There are 15 teach-backs, and approximately 20 minutes should be allowed for each teach-back and subsequent comments. We recommend that the male and female condom demonstrations in Session 3 be assigned more than once if more than 15 persons attend the training.

To help you get started, the TOFC includes sample scripts identified in the document by red italics. These scripts were not designed to be memorized, but rather to provide the information, messages, and instructions that need to be communicated to facilitators during the training in a style that is conversational, culturally appropriate, and effective for conveying the essence of SEPA. As you become more comfortable with the materials, you are welcome to paraphrase the scripts to fit your personality and style while communicating all of the content and substance of the intervention. You may also want to use jargon or local expressions that are most fitting for the facilitators in your group.

In addition to familiarizing yourself with SEPA by reading the Implementation Manual and Facilitators Guide, you are responsible for making sure all training materials are available for facilitators and that audio-visual equipment is in good working order. Prior to the training, we suggest that trainers send registered facilitators copies of the SEPA fact sheet and the training agenda.

Accommodations for the Training

The training should be conducted in a conference room or classroom that will comfortably accommodate up to 16 persons. Make sure that your training location is in a temperature controlled environment with comfortable chairs and space to spread out.

The room should be set up using a U-shape floor plan with the trainer at the front of the room (open end of the U). There should be a podium or table and chair for your use. Secure a room large enough for participants to rearrange their chairs to face a partner during practice exercises and role plays. A table should be placed in the corner of the room to hold handouts and other materials. We also recommend providing coffee, juice, or snacks on a separate table.

Materials and Equipment

Here is a list of the materials and equipment you need over the course of the training.







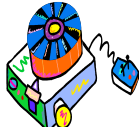









- ❑ Stop and Go signs
- ❑ Tote bag with Facilitators Guide and Participant Workbook
- ❑ Copies of worksheet on cultural and gender values
- ❑ Copies of teach-back forms
- ❑ CD of PowerPoint slides
- ❑ LCD projector
- ❑ Laptop computer
- ❑ Screen to view slides
- ❑ Newsprint
- ❑ Easel Stands
- ❑ One pad of paper for notes
- ❑ Markers for newsprint
- ❑ Pens or pencils
- ❑ Nametags for participants
- ❑ Hat or bowl
- ❑ Collage poster: Who Has HIV or AIDS?
- ❑ DVD: Mi Hermano (the video is included as part of the SEPA package)
- ❑ Male condoms for each participant and for your demonstration
- ❑ Penis models (also called condom demonstrator)
- ❑ Female condoms for each participant and for your demonstration
- ❑ 2- inch wide bottles for female condom demonstration and practice
- ❑ Certificates of completion (these should be created prior to session six)

We also include a list of the materials, equipment, and supplies you need for each of the four days.

SEPA Training of Facilitators Curriculum

How the Training of Facilitators Curriculum is Organized

The TOFC is organized by days (days 1 through 4) and uses the following icons to help facilitate the training.

 Facilitators act as Participants	 Facilitators are Facilitators
 Purpose	 Time Allocations
 Equipment, Supplies, and Materials	 Core Elements
 Slides	 Video/Video Clip
 Discussion	 Group Activity
 Role-Play	 Review
 Homework	 Evaluation
 Teach-Backs	 Facilitator's Note

OVERVIEW OF TRAINING FOR DAY 1

Agendas for each day of the training note time durations for major topics and can be used to help you stay on schedule. The agenda for day one appears below, followed by a list of equipment, supplies and materials.

SEPA Training of Facilitators Curriculum

SEPA TRAINING

Day 1 Agenda

Introduction and Session 1, The Impact of HIV and AIDS on Our Community

	Page
Overview of Training for Day 1 (120 minutes)	06
Training Objectives	
Introductions	
Ground Rules	
SEPA Materials	
Introduction to SEPA	
Latino Values and Their Impact on Our Clients	
Break (15 minutes)	30
The Nuts and Bolts of SEPA (30 minutes)	31
Social Cognitive Theory	
Core Elements and Key Characteristics	
Behavior Change Logic Model	
Preparing for SEPA: Planning and	
Pre-Implementation Activities (15 minutes)	43
Implementation Summary	
Location	
Session 1: The Impact of HIV	
and AIDS on Our Community (10 minutes)	45
Introduction	
Training Strategy: Stop and Go Signs	

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Welcome Participants (35 minutes)	49
Expectations and Commitments	
Confidentiality	
Ground Rules	
Session Objectives	
Lunch (60 minutes)	59
Continue with and Complete Session 1	
HIV's Impact on a Latino Family (50 minutes)	61
Facts about HIV and AIDS	
in the Latino Community (10 minutes)	64
Essential Information on HIV and AIDS (45 minutes)	68
What Is the Difference Between HIV and AIDS?	
Who Has HIV or AIDS?	
How is HIV Transmitted?	
Perinatal Prevention	
Testing for HIV Infection	
Signs and Symptoms of HIV Infection	
The Importance of Preventing HIV	
Wrap-Up Activities (10 minutes)	89
Break (20 minutes)	94
Facilitator Feedback (15 minutes)	94
Teach-Back Assignments (15 minutes)	95

Equipment, Supplies, and Materials for Day 1 Training

- ❑ Facilitators Guide
- ❑ Participant Workbooks
- ❑ Flash drive of Session PowerPoint slides
- ❑ LCD projector
- ❑ Laptop computer
- ❑ Screen
- ❑ Podium
- ❑ Newsprint
- ❑ Easel stand
- ❑ Paper
- ❑ Markers
- ❑ Pens and pencils
- ❑ Cultural and Gender Values Worksheet
- ❑ Nametags
- ❑ DVD: “Mi Hermano”
- ❑ Collage poster: Who Has HIV or AIDS?
- ❑ Stop and Go signs

SEPA Training of Facilitators Curriculum

Training Objectives



Discussion



Purpose: Provide a brief overview of the training and its objectives



Needed Equipment, Supplies, and Materials: nametags, paper, pens and pencils



Time: 10 minutes

Begin with a brief introduction to SEPA and an overview of the training.

Welcome to the facilitator training for SEPA. SEPA stands for:

- *Salud — Health*
- *Educación — Education*
- *Prevención — Prevention*
- *Auto-cuidado — Self-care*

SEPA Training of Facilitators Curriculum

The goal of this training is to provide new SEPA facilitators with the knowledge and skills to implement the intervention. SEPA is an HIV/AIDS prevention package for heterosexual Latinas at risk for HIV due to unprotected sex. The intervention is based on a strong theoretical framework and uses innovative and interactive activities to engage Hispanic women/Latinas in making healthy lifestyle changes to reduce their risk of acquiring HIV and other STDs.

During this training, you will experience SEPA as if you were actual participants in the intervention. You will learn important skills for facilitating SEPA, practice what you have learned, and obtain feedback to enhance your skills. I look forward to working with you and getting to know you. Please interrupt me at any time to ask questions.

Training Objectives

Review objectives with facilitators.

By the time we finish this training, you will be able to:

- Identify at least three cultural determinants that may increase Latinas' risks for contracting HIV;*
- Name each of SEPA's core elements;*
- Describe the relationship between key characteristics and adaptation of the intervention;*
- Identify the content areas for each of the six sessions;*
- Demonstrate skill in facilitating small groups, developing participant rapport, and engaging participants in discussion;*

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- *Demonstrate skill in facilitating skill-building activities and presenting information on HIV and STD prevention, interpersonal communication, and domestic violence; and*
- *Implement SEPA with fidelity to its core elements and in accordance with the intervention's Facilitators Guide.*

Briefly review the training schedule and note when the training is scheduled to end.

Today we will spend most of the morning learning about SEPA, and by the end of the day we will have completed the training for Session 1. Tomorrow we will cover Sessions 2 and 3. Day 3 of the training covers Sessions 4 and 5, and on the last day, we will complete the last session – Session 6. We will also discuss recruitment and retention of clients and intervention adaptation. If we're on schedule, we should end by 4:00 pm.

Introductions



Discussion



Purpose: Provide introductions and ground rules; review SEPA materials and discuss Latino values and their impact on clients



Needed Equipment, Supplies, and Materials: newsprint, easel, markers



Time: 120 minutes

It's important for facilitators attending this training to know who you are. Wear a nametag and ask facilitators to wear them so that you can address them by name during the training and they can learn each other's names.

It's also important for facilitators attending this training to know your qualifications and your experience. Spend some time preparing your introduction. Think about how you became interested in HIV and AIDS prevention, how you became involved in SEPA, and what you have gained from working with Latinas. Once you have formally introduced yourself, ask facilitators to introduce themselves to each other. Then, to build rapport, start with an icebreaker. Listed below are examples of icebreakers.

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- Ask each participant to write three statements about herself. Two statements should be true and one statement should be false. Ask each participant to present her statements to the larger group. Tell group members to ask the participant questions that will help determine which statement is false.
- Ask the group to spend five minutes creating a list of everything they have in common. Tell them to avoid the obvious (e.g., we are taking the SEPA Training of Facilitators Curriculum (TOFC) training). Ask participants to share their results.

Ground Rules



Discussion



Purpose: Brainstorm ground rules for the training



Needed Equipment, Supplies, and Materials: newsprint, easel, markers

All groups need ground rules, even groups composed of professionals.

Developing ground rules for the SEPA training should occur in a similar manner as creating ground rules for actual SEPA groups. Begin by asking facilitators to brainstorm ground rules. Write all ground rules on the

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newsprint. Display the newsprint with the ground rules on the wall each day of the training.

Examples of ground rules include:

- Respect each other's ideas and suggestions.
- Be honest.
- All questions that arise from the group are important.
- Do not pass judgment.
- Do not interrupt when others are speaking.
- Be punctual.
- Turn off cell phones.

SEPA Materials



Discussion



Purpose: Review SEPA materials, including the Facilitators Guide, Participant Workbook, Implementation Manual, and slides



Needed Equipment, Supplies, and Materials: Bags with copies of all SEPA materials

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Provide each facilitator with her SEPA bag. The bag includes the following:

- Implementation Manual (includes the Monitoring and Evaluation Guide and other documents)
- Facilitators Guide
- Participant Workbook
- CD containing PowerPoint slides
- “Mi Hermano” DVD

Allow the facilitators to examine the materials for a few minutes. Then ask facilitators to take out the Implementation Manual. Review each chapter and point out that this manual will assist them with SEPA when they return to their community-based organizations.

The first step in implementing SEPA is to review the Implementation Manual. It contains basic information on the intervention; pre-implementation information and activities; guidance on monitoring and evaluation and quality assurance, and a technical assistance guide. The appendices also contain useful information, including resources on HIV and STD prevention and domestic violence.

It's also important to review the Facilitators Guide, the Participant Workbook, and the slides and how they are organized. Introduce these components and emphasize the importance for facilitators to review these materials.

Facilitators Guide

This Facilitators Guide serves as the curriculum for persons who implement SEPA face-to-face with clients. Feel free to review the Facilitators Guide as we go through the training.

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The guide was developed to guide you in implementing SEPA. It begins with a description of its format and outlines each session with descriptions of activities and procedures. Preparation is the key to a good session. Although you will become familiar with the guide during this training, it's important that you review the curriculum when you return to your community-based organization. By reviewing and practicing the activities, you will become a skilled facilitator and your participants will get the most benefit from the intervention.

To help you get started, the guide includes sample scripts identified by red italics. Scripts were not written to be memorized, but rather to provide a helpful way to share information with participants. As you become comfortable with the information, feel free to paraphrase the scripts, but make sure you cover all of the material for each session of the intervention.

Participant Workbook

The Participant Workbook contains activity worksheets, homework assignments, key messages for each session, and participant feedback forms. Each participant should be given a workbook at the beginning of Session 1. Many women wish to take their workbooks home to share the information they have learned with others — an important goal of SEPA. This should be encouraged with caution. Why? Given that workbooks contain information on HIV and STD prevention as well as intimate partner violence (subjects that may escalate violence), some women may be fearful of their partners seeing the workbooks. If your participants express fears or concerns about bringing their workbooks home, allow them to leave the workbooks at the agency.

Slides

SEPA uses PowerPoint slides to present information. Slides are used to reinforce SEPA messages and help participants who learn by visual cues. Practice using the slides and remember to turn off the projector when the slide set for a particular activity or discussion is completed. Keeping slides on display when they do not pertain to discussions and activities can be distracting to participants.

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Program Strategies

SEPA uses presentations, discussions, group activities, practice exercises, demonstrations, and role-plays to provide participants with information and enhance their self-efficacy for safer sex behaviors. You will become very familiar with these strategies as the training unfolds.

Discussions and Group Activities

A goal of SEPA is to facilitate dialogue on HIV prevention. Using discussions and group activities, participants are able to interact with the facilitator and each other, learning valuable information during these interactions. Activity purpose, instructions, materials, processing questions to prompt discussion, possible responses to the questions, and time frames are provided for discussions and practice exercises throughout SEPA. If participants don't provide some of the responses noted and you think the list of possible responses contains important points, please include them in the discussion.

Demonstrations

SEPA uses demonstrations to model behaviors and promote skill-building; for example, there are demonstrations on how to use both male and female condoms.

Role-play

Role-play allows participants to practice newly learned skills with their peer participants. Role-play builds self-efficacy to promote safer sex behaviors and is a fun way to learn.

Are there any questions?

Now we are going to learn about the intervention.

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Introduction to SEPA



Discussion



Purpose: Introduce SEPA to facilitators



Needed Equipment, Supplies, and Materials: TOFC Slides 1–6

The goal of the following discussion is to describe SEPA, its conceptual basis, and research support.



**Show TOFC
Slide 1**

Overview of SEPA

- A six-session small group level intervention for heterosexually active Latinas.
- The intervention includes presentations, discussion, and skill-building activities on HIV and STD prevention, interpersonal communication, and domestic and intimate partner violence.
- Two hour sessions are facilitated by bilingual women with experience in disease prevention, health education, or risk reduction.



Training of Facilitators Curriculum-Day 1

SEPA is a six-session small group level intervention for heterosexually active Latinas.

SEPA Training of Facilitators Curriculum

The intervention includes presentations, discussion, and skill-building activities on HIV and STD prevention, interpersonal communication, and domestic and intimate partner violence.

Two-hour sessions are facilitated by bilingual women with experience in disease prevention, health education, or risk reduction.

SEPA is designed to address the specific needs of heterosexually active Latinas, ages 18 to 44, who are at risk for HIV infection due to unprotected sex. SEPA was not designed for commercial sex workers and injection drug users, and it is not for women who are living with HIV. Women are eligible to participate if, within the previous six months:

- they have had at least one episode of unprotected vaginal or anal sex with a man who is infected with HIV or with a man whose serostatus they did not know; and/or*
- they have had at least one sexually transmitted disease for which they were treated.*

Participants in the intervention should understand and speak English since the intervention is conducted in English.

Ask participants to review the fact sheet in the Implementation Manual for additional details about SEPA.

The Six Sessions of SEPA

Ask participants to open their copies of the Facilitators Guide.

SEPA consists of six sessions.

1. The Impact of HIV and AIDS on Our Community

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- 2. HIV and AIDS, Other Sexually Transmitted Diseases (STDs), Human Anatomy, and Human Sexuality*
- 3. How To Prevent HIV and Other Sexually Transmitted Diseases*
- 4. Ways To Improve Communication With Our Partners*
- 5. Relationship Violence, HIV Risk, and Safety Measures*
- 6. Commencement and Welcome to a Brighter Future*

SEPA was designed to be conducted as a weekly, small group level intervention. Each session should last approximately two hours. It is likely that sessions may last close to two and one-half hours if there is active discussion and participation – something that we certainly want.

Do you have questions?

Now we will review background information on SEPA to enhance your understanding and appreciation of the intervention. We'll start by discussing Latinos and HIV.

Latinos and HIV

Review surveillance slides on Latinos and Latinas. The information presented below comes from the Centers for Disease Control and Prevention (CDC).


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Latinos and HIV

- Males account for the largest proportion of AIDS cases reported among Latinos in the United States, with the primary mode of infection being male-to-male sexual contact.
- For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases, with many cases linked to sex with an injection drug user.
- Injection drug use is the second leading cause of HIV infection among U.S. Latinas.

Training of Facilitators Curriculum-Day 1



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For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases, with many cases linked to sex with an injection drug user.


Injection drug use is the second leading cause of HIV infection among U.S. Latinas.



Latinos and HIV

- In 2005, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35-44. Other leading causes of illness and death included heart disease, cancer, unintentional injuries or accidents, stroke, and diabetes.
- Hispanics/Latinos comprise about 15 percent of the U.S. population but accounted for 19 percent of new AIDS diagnoses and 19 percent of all people living with AIDS in the 50 states and the District of Columbia in 2007.

Training of Facilitators Curriculum-Day 1



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SEPA Training of Facilitators Curriculum


Hispanics/Latinos comprise about 15 percent of the United States population but accounted for 19 percent of new AIDS diagnoses and 19 percent of all people living with AIDS in the 50 states and the District of Columbia in 2007.



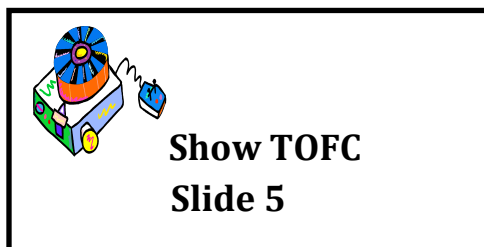
Latinos and HIV

- Of all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19 percent of the total number of cases and 19 percent of the total number of AIDS cases among women.

Training of Facilitators Curriculum-Day 1




Of all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19 percent of the total number of cases and 19 percent of the total number of AIDS cases among women.



Latinos and HIV

- Data suggest that Hispanics/Latinos born in Puerto Rico are more likely than other Hispanics/Latinos to contract HIV from injection drug use or high-risk heterosexual contact.
- Data suggest that sexual contact with other men is the primary cause of HIV infections among Hispanic/Latino men born in Central or South America, Cuba, Mexico, or the United States.

Training of Facilitators Curriculum-Day 1



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Data suggest that sexual contact with other men is the primary cause of HIV infections among Hispanic/Latino men born in Central or South America, Cuba, Mexico, or the United States.

These data are also discussed with participants during Session 1.

Cultural and Gender-Specific Values

Review cultural and gender-specific values with facilitators.



As a culturally and gender-specific intervention, SEPA understands that there are contextual issues which may present obstacles for safer sex behaviors. Cultural and gender-specific values that may pose barriers to HIV prevention for Latinas include the following:

- *Marianismo: This can lead to women feeling that they must be self-sacrificing and respectful and obedient to men; women are expected to be submissive and good mothers.*
- *Machismo: Machismo can foster the exaggerated importance of maleness and an expectation of deference by women. Latino men regard themselves*

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as highly sexual and some find abstinence nearly impossible and even unhealthy.²

Question to prompt discussion:

- *How do you think marianismo and machismo affect a woman's risk for HIV infection?*

Possible responses:

- When women feel they must be subservient to men, they may not insist that their partners wear condoms.
- If a woman thinks she is expected to be obedient to men, she will not question her partner about HIV.
- Men may not allow women to express how they think and feel about sexual issues.
- Married mothers are expected to meet the needs of the family and not question their partners' behaviors.

Here are a few more cultural values that can influence HIV risk:

- *Collectivism: By emphasizing the needs of the group rather than the individual, collectivism can influence a woman to think first about her family and partner rather than about her own needs and feelings.*

² Marin, B.V. & Gomez, C. (1994). Latinos, HIV disease and culture: Strategies for HIV prevention. *The AIDS Knowledge Base*. Cohen PT, Sande MA, Volberding PA (Eds.). 10.8- 1-13.

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- *Simpatía: By focusing on the needs of others and harmony in interpersonal relationships, simpatia can lead to women thinking they are selfish for wanting to express their concerns.*
- *Familismo: With its focus on family and solidarity, familismo influences women to put the needs of their partners first and not upset family dynamics with talk about HIV prevention.*
- *Respeto: Respeto places value on respect for authority and conformity and obedience to those in power. It can be a barrier to HIV prevention by influencing women to believe it is not appropriate to discuss issues related to sex.*

Acculturation and HIV Risk Behaviors

Trainers should continue the discussion about Latinos and HIV by emphasizing acculturation and HIV risk behaviors.

Another important factor affecting Latino women's HIV risk-related behaviors is their level of acculturation. Acculturation is the process of adopting the cultural features of another group. It occurs over time and is correlated with the length of time a woman or her family has lived in the other culture. In the United States, middle- and upper-class immigrants are likely to have higher levels of acculturation, both at the time of immigration and afterward. Acculturated Latinas are generally more educated; work; and have a higher income, fewer children, and higher rates of divorce and separation. A higher degree of acculturation is related to an increase in sexual freedom and risk behaviors for HIV infection as well as challenges to traditional sex roles and relationships. Less acculturated women may hold on to "marianismo" and are more likely to remain abstinent until married and monogamous in marriage. Greater acculturation has been related to greater knowledge about sexuality, HIV, and AIDS. Acculturation is also related to increased alcohol consumption

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and drug use. Among Latinas, use of alcohol and other substances corresponds to less ability to negotiate with partners and more risky behaviors. ³⁻⁴⁻⁵

The degree of acculturation affects HIV prevention work with Latinas. Those with higher degrees of acculturation confront HIV risks, as do women who are less acculturated.

Latino Values and Their Impact on Our Clients



Group Activity



Purpose: To illustrate how Latino cultural values impact clients



Needed Equipment, Supplies, and Materials: Cultural and Gender Values Worksheet

Ask facilitators to divide into two groups. Distribute “Day 1, Worksheet 1: Cultural and Gender Values.” Ask facilitators to think of real-life work-related encounters that represent the values listed on the worksheet. Ask each group to share with the larger group.

³ Marin, B., Tschann, J., Gomez, C. & Kegeles, S. (1993). Acculturation and gender differences in sexual attitudes and behaviors: Hispanics vs. Non-Hispanic White unmarried adults. *American Journal of Public Health*, 83(12), 1759-1761

⁴ Marin, B. & Flores, E. (1994). Acculturation, sexual behavior and alcohol use among Latinas. *International Journal of the Addictions*, 29(9), 1101-1114.

⁵ Peragallo, N. (1996). Latino women and AIDS risk. *Public Health Nursing*, 13(3), 217-222.

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Let's identify how Latino cultural values impact our clients. Think of Latino clients that you have worked with. Using the worksheet, identify examples of client behaviors that represent some of the cultural and gender-specific values we just discussed.

Here's an example for machismo: A 50 year-old married Latino was having an affair. When he came to see me he was very angry because his wife wanted a divorce. He did not want a divorce because of how it would look to his family and the community and he found the idea of divorce insulting to his masculinity. He believed his wife should ignore his infidelities just like his mother ignored his father's infidelities throughout their marriage.

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TOFC - Day 1, Worksheet 1: Cultural and Gender Values Worksheet

Listed below are cultural and gender-specific values that may increase barriers to HIV and AIDS prevention for Latinos. Think of real-life situations from your work that represent these values and write down your examples.

Marianismo makes women feel that they must be self-sacrificing and respectful and obedient to men; women are expected to be submissive and good mothers.

Simpatía emphasizes the needs of others, dignity, respect for others, and harmony in interpersonal relations.

Familismo, or familism, focuses on family relations, loyalty, and solidarity.

Question to prompt discussion:

- *Who would like to share their examples of situations that reflect Latino cultural and gender –related values?*

Possible responses:

- Marianismo stood in the way of my clients being able to talk about condoms.
- Familismo influenced some clients to stay with abusive husbands.
- I believe simpatía was affecting a client who was afraid to upset her boyfriend by talking about sensitive issues.

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Before we break, what are your thoughts and feelings about the training so far?

BREAK

THE NUTS AND BOLTS OF SEPA



Discussion



Purpose: To introduce the theoretical underpinnings of SEPA as well as the core elements, key characteristics, and logic model



Needed Equipment, Supplies, and Materials: TOFC Slide 7



Time: 30 minutes

Educate facilitators on SEPA's theoretical underpinnings as well as its core elements, key characteristics, and logic model.

Changing risk-taking behavior requires more than just words on a page. For an intervention to be successful, its activities must address the determinants of behavior change for the target population. Let's learn how SEPA addresses behavior change.

SEPA, like many evidence-based interventions, has core elements —intervention components that cannot be changed — and key characteristics —intervention components that are highly recommended — so that the intervention can be implemented in the way most likely to bring about desired client outcomes. We will learn the core elements and key characteristics in a moment.

In addition, it is important for facilitators to understand how behavioral determinants, SEPA activities, core elements, and key characteristics fit together

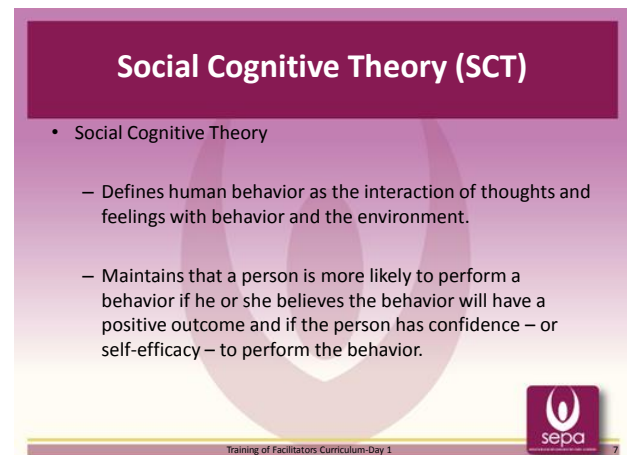
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to bring about the outcomes we want clients to achieve. In other words, we will learn how SEPA works to affect change in HIV risk-taking behaviors.

During the next 30 minutes, we will discuss SEPA's theoretical foundation, core elements, key characteristics, and behavior change logic model.

Social Cognitive Theory

Review Social Cognitive Theory with facilitators.



SEPA is grounded in Social Cognitive Theory (SCT). Social Cognitive Theory defines human behavior as the interaction of personal factors, such as thoughts and feelings, behavior, and the environment.

SCT suggests that a person is more likely to perform a behavior if he or she believes the behavior will have a positive outcome. The theory postulates that the person needs to believe that he or she has the ability to perform the behavior. Without the confidence to perform the behavior, the person is less likely to execute the behavior. Think about it this way: Would you be more likely or less likely to fix your car's transmission if you were a trained mechanic and have fixed hundreds of transmissions, or if you were someone with no knowledge

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of car mechanics? We call this confidence in the ability to perform a behavior self-efficacy. Self-efficacy is specific to each new behavior and is not generalizable from one behavior to another. Self-efficacy is developed through skill-building activities, and that is why SEPA includes role-playing and practice exercises. Self-efficacy is also developed through modeling and that is why SEPA includes demonstrations, such as demonstrations on how to correctly use condoms. Modeling takes place throughout this training. As facilitator, I model facilitator behaviors when you participate in this training as participants.

A list of core elements and key characteristics is provided in the SEPA Implementation Manual.

Core Elements and Key Characteristics

Review core elements and key characteristics with facilitators.

SEPA has seven core elements. These aspects of the intervention should not be changed in any way because they contribute to the success of SEPA in helping Latinas reduce their risks for contracting HIV and other STDs. Core elements serve as the benchmarks for an intervention's reliability.

As facilitators, it's important that you implement SEPA with fidelity to each of these core elements. Please turn to the core elements discussion in your Implementation Manual.

Core Element #1

Provide culturally and linguistically appropriate information to sexually active women at risk of acquiring HIV from unprotected sex with male partners in interactive, small group sessions that focus on:

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- *HIV and STD transmission and prevention;*
- *human sexuality and male and female anatomy;*
- *interpersonal communications; and*
- *relationship violence.*

This core element demonstrates the need for

- *factual information relevant to women at risk for HIV and AIDS;*
- *factual information presented in understandable ways that are consistent with participants' cultural values and beliefs; and*
- *shared learning through group discussion and activities.*

Core Element #2

Incorporate skill-building activities into sessions to enhance women's self-efficacy for safer sex behaviors, including demonstrations and practice exercises on male and female condom use and role-plays on assertive communication with sex partners, including condom negotiation.

Core element #2 illustrates the use of Social Cognitive Theory in SEPA because skill-building exercises are used to enhance self-efficacy, and self-efficacy is a fundamental determinant of behavior change.

Question to prompt discussion:

- *How do you think role-playing exercises build self-efficacy?*

Possible responses:

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- They are a type of practice, and confidence improves with practicing how to do something.
- By role-playing, you think about the other person's point of view, which can help you understand the situation and feel more confident in yourself.

Core Element #3

Build self-efficacy and knowledge for safer sex behaviors, improved communication with partners, and violence management through homework exercises and the sharing of personal experiences.

This core element reinforces the need for skill-building activities and learning by sharing personal experiences with members of the group and new information with members of the community. This core element draws from Social Cognitive Theory by emphasizing skill-building and modeling. Participants serve as models when they carry out homework assignments and share knowledge gained with friends and family in the community. It also reinforces the importance of sharing, belonging, and accomplishment as supports for self-efficacy and behavior change.

Core Element #4

Show a culturally appropriate video during the first session that portrays the effects of HIV and AIDS on members of the target population and discuss what is communicated about the impact of HIV and AIDS on the community, including impacts on families and women.

This core element provides women with the opportunity to discuss shared cultural experiences and support self-efficacy and behavior change.

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Core Element #5

Use a female facilitator who speaks and understands the language of participants. The facilitator should not be a peer of participants but someone who is an experienced professional in health education, disease prevention, and risk reduction.

This core element underscores the need for trained and culturally competent staff. It recognizes the importance of matching facilitators who are content or subject matter experts in HIV and STD prevention with the target population. Core element #3 illustrates the concept of modeling in Social Cognitive Theory. There is the expectation that participants will learn by modeling the skills displayed by the facilitator.

Core Element #6

Ask participants to write thank you notes to fellow participants and pledge their commitment to community health during the final session. Present a certificate to each participant who attends at least half of the sessions.

Question to prompt discussion:

- *How do you think this core element contributes to behavior change?*

Possible responses:

- By pledging commitment to community health, women will feel motivated to practice safer sex.
- Thank you notes emphasize the importance of community, of working together to make things better.
- Getting a certificate builds a sense of accomplishment.

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Core Element #7

Conduct no more than two sessions each week.

This core element also relates to Social Cognitive Theory because we want SEPA participants to practice what they learn and to share information with others. If sessions are held without time between them for participants to do homework, core element #3 will be violated.

Now let's discuss key characteristics.

As facilitators, do your best to maintain the following key characteristics and to seek management support for transportation and childcare services. When stakeholders agree that changes to any of the key characteristics are needed, the process for making those changes is called adaptation. We will discuss adaptation later in our training.

SEPA's key characteristics are:

- Foster assertiveness and self-esteem among participants through education, skill-building exercises, and discussion, and by addressing cultural norms within the Hispanic/Latino community.*
- Explore the dynamics of sexual relationships in the context of Hispanic/Latino culture.*
- Address perceived personal risk and susceptibility to infection with HIV and other sexually transmitted diseases as well as perceived barriers to remaining HIV negative.*
- Use the video "Mi Hermano" to stimulate discussion about the impact of HIV and AIDS on Hispanic/Latino families, women's HIV risk, and the need to practice safer sex behaviors.*
- Provide transportation assistance and childcare services to participants. Provide light refreshments at each session.*

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- *Employ facilitators who are certified by the American Red Cross as HIV instructors or who have attended HIV prevention training sponsored by a health department or prevention training center. Employ facilitators who have received training in domestic violence and sexual violence.*
- *Invite a former SEPA participant who completed all sessions to assist with such activities as room setup and the distribution of handout materials.*
- *After Session 1, groups should not meet with fewer than two or more than 12 participants.*
- *Ask participants to complete an evaluation after each session.*



Trainer's Note:

Ask for volunteers to read each key characteristic and then paraphrase the key characteristic in their own words.

If trainees are struggling with this concept, provide an analogy to help clarify the concept. For example, use the cake analogy. Key characteristics are additions, such as decorations and writing on the cake. These ingredients are not required but enhance the cake.

Behavior Change Logic Model

Review the behavior change logic model with facilitators.

Let's spend a few minutes reviewing the behavior change logic model. The logic model can be found in the first chapter of the Implementation Manual.

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Behavior Change Logic Model for SEPA

Problem Statement			
<p>Hispanic women/Latinas between the ages of 18 and 44 are at risk for HIV and STD infection when they have unprotected sex with male partners. Explanations for unprotected sex include lack of knowledge about sexually transmitted diseases, including HIV; negative attitudes toward condoms; a shortage of effective communication skills; reluctance to discuss condoms due to fear of violence from male partners; the absence of skills to negotiate condom use and to use male and female condoms correctly; and low risk-reduction behavioral intentions. Research suggests that social and cultural factors, such as gender inequality and gender role socialization, including Machismo and Marianismo, are associated with insufficient knowledge about HIV and STD transmission and prevention and inadequate ability to communicate effectively with male partners. These factors are likely sources of disempowerment that contribute to HIV risk among Hispanic women/Latinas.</p>			
Behavior Change Logic			
Behavioral Determinants ⁶ <i>Correspond to risk or contextual factors</i>	Activities <i>To address behavioral determinants</i>	Outcomes <i>Expected changes as a result of activities targeting behavioral determinants</i>	
		Immediate Outcomes: Expected to occur immediately following SEPA	Intermediate Outcomes: Expected to occur between one and six months after completing SEPA
1. Knowledge (knowledge of HIV transmission, prevention, and treatment)	Session 1: The Impact of HIV and AIDS on Our Community <u>Topics:</u> HIV transmission, perinatal prevention, testing for HIV infection <u>Activities:</u> Watch DVD, presentations, discussion; activities correspond to behavioral <u>determinants 1, 2, and 4</u>	Increases in: <ul style="list-style-type: none"> • HIV knowledge • Favorable attitudes toward condom use • Self-efficacy in partner communication skills, condom use skills, and condom negotiation skills 	Increases in: <ul style="list-style-type: none"> • Correct and consistent condom use with sex partners of unknown HIV serostatus during vaginal and anal sex

⁶ SEPA is grounded in Social Cognitive Theory.

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<p>2. Attitudes (attitudes toward condom use)</p> <p>3. Self-efficacy (sense of competence in condom negotiation, condom use, and assertive communication)</p> <p>4. Intentions (intentions to reduce risks and practice safer sex)</p>	<p>Session 2: HIV and AIDS, Other Sexually Transmitted Diseases (STDs), Human Anatomy, and Human Sexuality <u>Topics:</u> Rumors and truths about HIV and AIDS; human reproductive anatomy; human sexuality; STD transmission, testing, and treatment <u>Activities:</u> Presentations and discussion; activities correspond to behavioral <u>determinants 1, 2, and 4</u></p> <p>Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases <u>Topics:</u> ABCs of HIV prevention, the truth about condoms, the male condom, the female condom <u>Activities:</u> Presentations, discussion, demonstrations, and skill-building exercises on male and female condom use; activities correspond to behavioral <u>determinants 1, 2, 3, and 4</u></p> <p>Session 4: Ways to Improve Communication With Our Partners <u>Topics:</u> Self-esteem and how it affects relationships, types of communication, assertive communication, condom negotiation <u>Activities:</u> Presentations, discussion, role-playing on assertive communication and condom negotiation; activities correspond to behavioral <u>determinants 1, 2, 3, and 4</u></p>	<ul style="list-style-type: none"> • Risk-reduction behavioral intentions 	
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	<p>Session 5: Relationship Violence, HIV Risk, and Safety Measures</p> <p><u>Topics:</u> Conflict resolution in healthy relationships, sexual violence, intimate partner violence, impact of violence on families, safety measures and action planning</p> <p><u>Activities:</u> Presentations, discussion, and role-playing on assertive communication with partners and conflict resolution; activities correspond to behavioral <u>determinants 1, 2, 3, and 4</u></p> <p>Session 6: Commencement and Welcome to a Brighter Future</p> <p><u>Topics:</u> Session reviews, sharing what we have learned</p> <p><u>Activities:</u> Presentations, discussion, pledge of commitment to a healthier community, thank you notes, and presentation of certificates; activities correspond to behavioral <u>determinants 1, 2, 3, and 4</u></p>		
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A behavior change logic model connects the theoretical components of an intervention with intervention activities in order to explain the intervention's effect on both short- and long-term outcomes. Researchers use logic models to aid community-based organizations in understanding how program components are related to the problem, theory, activities, and intended outcomes of a behavior change intervention. Please read your Implementation Manual for more information.

Ask facilitators to volunteer to read and paraphrase each component of the logic model.

PREPARING FOR SEPA: PLANNING AND PRE-IMPLEMENTATION ACTIVITIES



Discussion



Purpose: To briefly discuss planning and implementation activities



Needed Equipment, Supplies, and Materials: Implementation Manual



Time: 15 minutes

Briefly discuss with facilitators what community-based organizations should consider before implementing SEPA.

This discussion will be brief because facilitators are usually not responsible for planning and pre-implementation. However, it's useful for you to be aware of these considerations because they affect your work as facilitators. Before implementing any intervention, it's critical for proper planning and what we call pre-implementation activities to have taken place. The Implementation Manual discusses planning and such pre-implementation activities as client recruitment and developing monitoring and evaluation plans. For any intervention to be successful in meeting the objectives identified in a monitoring and evaluation plan — or think of the outcomes in our behavior change logic model — sufficient resources must exist and they must be committed to the project. Support from the implementing agency's Board of Directors is critical, and all agency staff should be familiar with the intervention to enhance client recruitment efforts. We will discuss client recruitment on the last day of training.

Implementation Summary

The Implementation Summary for SEPA, which accompanies the behavior change logic model, is a useful tool for considering planning and pre-implementation activities. Let's review the implementation summary, which is found in Chapter 2 of the Implementation Manual.

Note that the Implementation Manual also includes discussion of staffing and budgeting. Please read this material before your first session with clients to get a complete appreciation of what it takes to implement SEPA.

Location

One activity that you may be responsible for is deciding where to hold the intervention. Community-based organizations that are funded for SEPA may choose to conduct the intervention at their offices or at other accessible facilities that Latinos frequent. One strategy to maximize client retention is to bring the intervention to clients rather than having them come to you. Consider such venues as healthcare clinics, community agencies and centers, and daycare centers that serve Latinos.

The room used to conduct the intervention should comfortably accommodate at least 14 individuals: 12 participants, the facilitator, and perhaps a volunteer helper (recall the key characteristic on former participants serving as volunteers). The room should have a door that can be locked in order to maintain privacy for participants. Arrange comfortable chairs around tables positioned into a U-shape. The room should be large enough to fit this table, a table for the computer/LCD projector, a table in the back of the room for refreshments and handout materials, an easel stand, and a screen. The room should also be large enough for clients to rearrange their chairs to face a partner during practice exercises and role-plays.

Are there any questions?

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SESSION 1: THE IMPACT OF HIV AND AIDS ON OUR COMMUNITY



Purpose: Introduce Session 1, its materials and core elements, and the training strategies that will be used throughout the training



Time: 10 minutes

Introduce Session 1 to facilitators. Prior to implementing Session 1, review the materials needed to conduct the session, the core elements of Session 1, and the training strategies that will be used throughout the training.

Introduction

It's time for us to begin the training on how SEPA is implemented. We will go over each session to help you learn how information is presented and how activities take place. We want to be sure to address any challenges you think may occur for you and your agency.

Our training objective is to introduce you to the topics and activities in Session one. Session 1 provides participants with basic HIV and AIDS information. At the beginning of the session, participants will introduce themselves and review group rules, confidentiality, and the following session objectives:

- Explain the difference between HIV and AIDS.*
- Name three ways HIV can be transmitted.*
- Tell friends, family, and neighbors how HIV impacts the Latino community.*

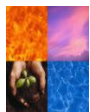
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Let's open the Facilitators Guide to Session 1. As you see, the first page includes an overview of the session. Turn to the page on equipment, supplies, and materials. Let's review them.

- ❑ *Facilitators Guide*
- ❑ *Participant Workbooks*
- ❑ *CD of Session 1 PowerPoint slides*
- ❑ *LCD projector*
- ❑ *Laptop computer*
- ❑ *Screen*
- ❑ *TV*
- ❑ *DVD player*
- ❑ *Podium*
- ❑ *Newsprint*
- ❑ *Easel stand*
- ❑ *Paper*
- ❑ *Markers*
- ❑ *Pens and pencils*
- ❑ *Nametags*
- ❑ *DVD: "Mi Hermano"*
- ❑ *Collage poster: Who Has HIV or AIDS?*

Turn to the next page of the guide. This page reviews the core elements relevant to Session 1. For each core element, you see the associated activity. This information is provided to emphasize the importance of maintaining fidelity to the core elements of SEPA.

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Core Elements

CORE ELEMENT	ACTIVITIES
<p>Core Element 1: Provide culturally and linguistically appropriate information to sexually active women at risk of acquiring HIV from unprotected sex with male partners in interactive, small group sessions that focus on</p> <ul style="list-style-type: none"> • HIV and STD transmission and prevention; • human sexuality and male and female anatomy; • interpersonal communications; and • relationship violence. 	<p><u>Discussions</u></p> <ul style="list-style-type: none"> • Facts about HIV and AIDS in the Latino community • How is HIV transmitted? • Perinatal prevention • Testing for HIV infection • The importance of preventing HIV <p><u>Group Activity</u> Who Has HIV or AIDS?</p>
<p>Core Element 3: Build self-efficacy and knowledge for safer sex behaviors, improved communication with partners, and violence management through homework exercises and the sharing of personal experiences.</p>	<p><u>Homework Assignment</u></p>
<p>Core Element 4: Show a culturally appropriate video during the first session that portrays the effects of HIV and AIDS on members of the target population and discuss what is communicated about the impact of HIV and AIDS on the community, including impacts on families and women.</p>	<p><u>DVD</u> Watch and discuss “Mi Hermano”</p>

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Training Strategy: Stop and Go Signs

For the rest of today and subsequent training days, I will ask you to wear two different hats. First, I will ask you to pretend that you are SEPA participants. Why? Because by acting as participants you will learn how the sessions unfold and what it feels like for participants as they experience the information and activities. From time to time, I will also ask you to be who you are — facilitators. As facilitators we will discuss our thoughts and opinions of different activities and practice facilitation skills. So how will we do this?

Pass out Stop and Go signs and ask facilitators to wear them.



When you pretend to be participants, you will wear the sign with the word “Go” showing to your fellow participants. When you are participants, I will be the facilitator. My role will be to facilitate the session as the Facilitators Guide instructs. Throughout each session, please follow along using the Facilitators Guide. As participants, you respond to questions and engage in discussions the way you think actual participants would. Don’t worry, I will tell you when to wear the Go sign and pretend to be participants.



When it’s time to be facilitators, I will ask you to turn the sign over to “Stop” and we will discuss the information and activities that were just implemented. We will also use this time to practice facilitation skills. My role during these break-out activities is to be the trainer. Are there any questions before we begin?

After responding to all questions, say:



It’s time to be participants. Please wear your sign with the word “Go” facing everyone.

WELCOME PARTICIPANTS



Purpose: To introduce yourself to participants and allow participants to introduce themselves to each other; to provide basic information on the intervention



Time: 35 minutes

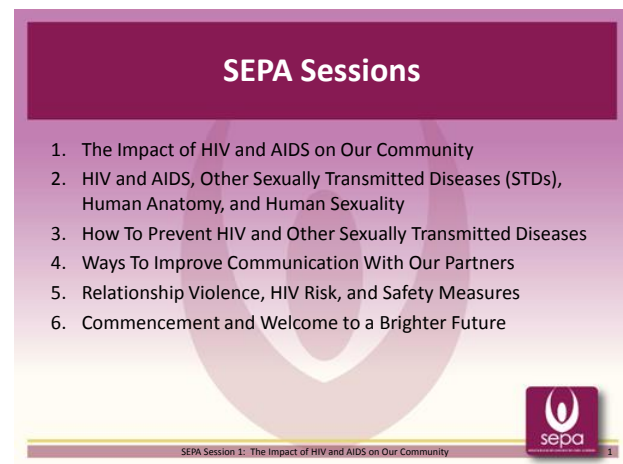
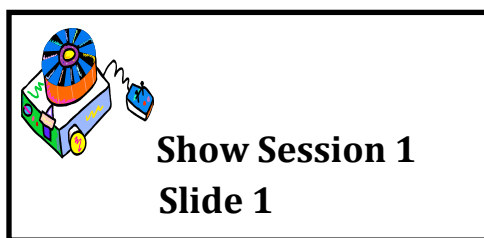
As with any new program, it's important to create a welcoming environment for your participants. Use the first few minutes of Session 1 to introduce yourself and SEPA. Be enthusiastic and engaging. Then ask participants to introduce themselves to each other.

Hi, my name is _____ and I am your SEPA facilitator. I am so happy that you decided to be a part of SEPA, and I look forward to our time together.

SEPA takes place over six sessions. During this time, we will get to know each other, learn from each other, and also have some fun. We will discuss issues that affect us as women and that affect the Latino community. You will learn how to protect your health and how to improve relationships with husbands or boyfriends and members of your family. All of us can use help when it comes to relationships and communicating with important people in our lives. The issues we cover are so important and that's why I'm pleased to see you here today. In addition to relationships and ways to improve communication, we will discuss HIV and AIDS and other sexually transmitted diseases, such as syphilis and genital herpes, and we will learn how to protect ourselves from getting infected. We will also discuss domestic violence and how it affects our families and the community. An important part of SEPA is sharing what you learn with members of your family and friends and neighbors so that we can work together to help build safer and healthier communities.

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You should know that SEPA was created for sexually active women at risk of infections from sexually transmitted diseases due to unprotected sex. Unprotected sex means having sex without the use of a male or female condom. When a woman does not know for sure if a man is infected with HIV, the virus that causes AIDS, or any other sexually transmitted disease and she has unprotected sex with this man, she puts herself at risk of serious illness. We are here to find out how to reduce these risks and live healthier lives so our families and the Latino community can be healthier and stronger.



SEPA includes six sessions. They are:

- 1. The Impact of HIV and AIDS on Our Community*
- 2. HIV and AIDS, Other Sexually Transmitted Diseases (STDs), Human Anatomy, and Human Sexuality*
- 3. How To Prevent HIV and Other Sexually Transmitted Diseases*
- 4. Ways To Improve Communication With Our Partners*
- 5. Relationship Violence, HIV Risk, and Safety Measures*
- 6. Commencement and Welcome to a Brighter Future*

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For the next six weeks we will work together to learn and share experiences that affect our lives and our community. To start, let's get to know each other. I will begin by introducing myself.



Trainer's Note:

Spend some time preparing your introduction. Think about how you became interested in HIV prevention, how you became involved in SEPA, and what you have gained from working with Latinas. Your introduction should last approximately two minutes and should describe your experience with HIV prevention and health education. You may want to conduct an icebreaker after introductions. Resources about icebreakers include *The Big Book of Icebreakers: Quick, Fun Activities for Energizing Meetings and Workshops* by Edie West, and *Team-Building Activities for Every Group* by Alanna Jones. These resources may be available at your local bookstore. Searching the Internet for icebreakers is also easy to do. Just use a search engine, such as Google or Yahoo, and type in "icebreakers." There are many websites that can assist you.

Once you have introduced yourself, ask participants to introduce themselves. Ask that they wear nametags to help others remember their names.

Now I want to meet each of you and have you meet each other. Please introduce yourself. Say your name; describe your family (for example, who lives with you, how many children you have, if any, your country of origin); tell us why you decided to sign up for SEPA and what you hope to gain from this experience.

After introductions,

Thank you for introducing yourselves. We have a lot of information to discuss so it's very important that you come to all sessions. Each of the SEPA sessions builds on information discussed during the previous session. Missing a session is like missing an ingredient when you bake a cake: Without the flour or the sugar, the cake will not be very good! Those of you who attend at least three sessions will receive a certificate during our last session.

Expectations and Commitments



Group Activity



Purpose: To identify participants' expectations for SEPA and their level of commitment to the program



Needed Equipment, Supplies, and Materials: Participant Workbooks, pens and pencils

Please open your workbooks to “Session 1, Worksheet 1: Expectations and Commitments.”

Think about what you expect to learn from SEPA. You talked about your expectations when you introduced yourself to the rest of the group. It's important that we define our expectations so that I can make sure that SEPA meets your needs. Please review this worksheet and write your expectations. After you have written your expectations, list your commitments to SEPA. Examples of commitments include attending each session and participating in discussions. Finally, think about what you want to learn. List anything you want to learn in the space provided on the worksheet.

Who would like to share their expectations and commitments or what they want to learn?

Confidentiality



Discussion



Purpose: To discuss confidentiality



Needed Equipment, Supplies, and Materials: Participant Workbooks, slide 2

It's important that we maintain strict confidentiality in this group. Confidentiality means that whatever is said in this group stays in this group. Confidentiality means that no one will mention the name of any person in the group to anyone outside of the group. Confidentiality helps each of you feel safe about talking in the group because everyone agrees that what is said in the group is not told to anyone else.

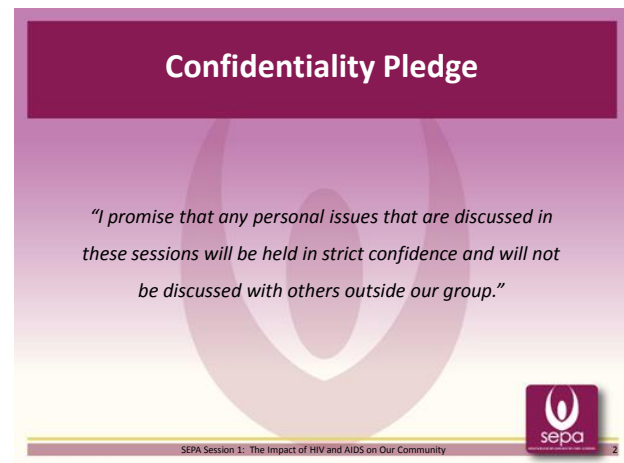
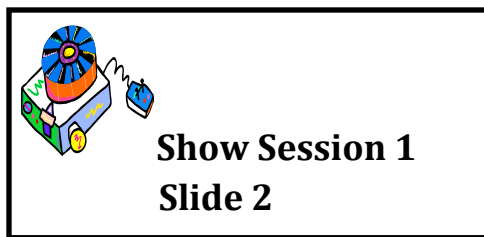
To make sure all of us understand what it means to keep something confidential, let's review some examples. In which of the following situations is the group member keeping what she learned in the group confidential?

- A group member learns that another group member has an STD. She doesn't tell anyone at the agency where the group is taking place, but does tell her mom and sisters. No*
- A group member is having lunch with some of her friends. She tells them how HIV is transmitted and how a person can learn if she has HIV. She even provides her friends with a list of places they could get tested. Yes*

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- *Two group members are talking about another group member who mentioned during a session that her husband is abusive. The two group members are talking in the crowded waiting room of the agency. They are brainstorming ways to help their fellow participant. No*

Please turn to “Session 1, Worksheet 2: Confidentiality Pledge” in your workbooks.



Let's promise to keep each other's confidence and say: I promise that any personal issues that are discussed in these sessions will be held in strict confidence and will not be discussed with others outside our group.

Ground Rules



Group Activity



Purpose: To discuss ground rules

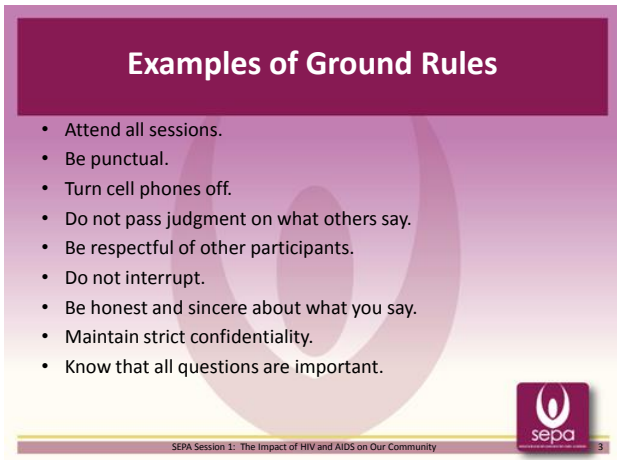
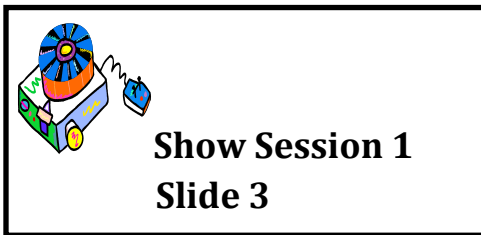


Needed Equipment, Supplies, and Materials: Slide 3, newsprint, easel, markers

We are all here to learn and to learn from each other. I do not have all the answers, but I do have information to share that I think will help protect you, your family, and your community. I am also excited to learn from each of you during our time together. Each one of you has experiences and opinions. I am hoping that everyone will share her story and opinions with the group so that we can learn from each other.

To make sure that we have a group environment that helps us learn, let's list some ground rules.

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Here are some ground rules from other SEPA groups:

- *Attend all sessions.*
- *Be punctual.*
- *Turn cell phones off.*
- *Do not pass judgment on what others say.*
- *Be respectful of other participants.*
- *Do not interrupt.*
- *Be honest and sincere about what you say.*
- *Maintain strict confidentiality.*
- *Know that all questions are important.*

What rules should we have for our group?

Allow participants to brainstorm. If confidentiality is not included as a ground rule, say: *I want to include confidentiality as a rule.*

Write the ground rules on newsprint and post them on the wall each day of the training.

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Additional talking points:

- Point out where the restrooms are and tell participants that if they need to leave the session, they should do so quietly.
- If your agency provides snacks for participants, inform them that snacks will be available during each session.
- If your agency provides transportation or childcare assistance, discuss how it works.

Session Objectives

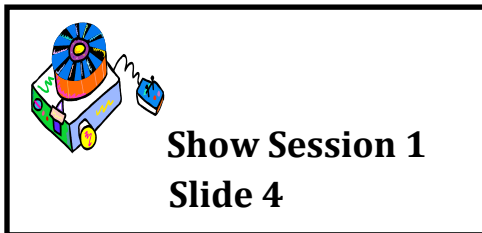


Purpose: To review session objectives



Needed Equipment, Supplies, and Materials: Slide 4

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Session 1 Objectives

By the time we finish today, you will be able to:

- Explain the difference between HIV and AIDS
- Name three ways HIV can be transmitted
- Tell friends, family, and members of the community how HIV impacts the Latino community

SEPA Session 1: The Impact of HIV and AIDS on Our Community



Each session of SEPA has objectives. Here are the objectives of Session 1.

By the time we finish today, you will be able to:

- *Explain the difference between HIV and AIDS*
- *Name three ways HIV can be transmitted*
- *Tell friends, family, and members of the community how HIV impacts the Latino community*



***IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH
THE WORD "STOP" FACING EVERYONE.***

Before we break for lunch, what are your reactions to the training?

When we return, we will continue with Session 1 and watch the video "Mi Hermano" about the impact of HIV and AIDS on a Latino family. I think it's a good video to prompt discussion, and I look forward to your comments.

LUNCH

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IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.

Are there any questions about the beginning of Session 1?

During the next part of Session 1, SEPA participants will view a movie about a young man who was infected with HIV and about how the disease affects relationships among his wife, family, and community.

It's important to give participants time to absorb the film. Do not force a conversation, but help to facilitate one by referring participants to the "Mi Hermano" page in their workbooks and asking them to complete it. After you have provided a few minutes for participants to think about the film and complete the worksheet, begin a discussion. Discuss opinions about the role of women in our society and specifically in the Latino community. In the DVD, the man never reveals how he was infected. During the discussion, talk about whether it makes a difference how someone gets infected with HIV.



IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.

HIV'S IMPACT ON A LATINO FAMILY



DVD



Purpose: To introduce the topic of HIV and identify how HIV can impact the family and community



Needed Equipment, Supplies, and Materials: TV, DVD player, “Mi Hermano” DVD, Screen, Participant Workbooks



Time: 50 minutes

Introducing the topic of HIV and its impact on the Latino community is not always easy. The following DVD will help start a conversation about HIV, Latinos, and family.



Trainer's Note:

Make sure your equipment works and that the DVD is intact.

Let's watch a DVD on how HIV has affected one Latino family. After we watch the DVD, you will have a few minutes to think about what you've seen and note how you feel. Please refer to “Session 1, Worksheet 3: Mi Hermano.” Then we will discuss how HIV can impact our own families and the community as a whole.

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Questions to prompt discussion:

- *Overall, how do you feel after watching “Mi Hermano?”*
- *As a Latino, do you see certain cultural issues at play in “Mi Hermano?”*
- *What about issues relating to gender, or male and female roles?*
- *Do we know how Marta’s husband got infected? Does knowing make a difference?*
- *What does “Mi Hermano” point out about HIV prevention?*
- *What HIV prevention messages does “Mi Hermano” provide specifically for women?*

Possible responses:

- The video showed how important family is in Latino communities.
- The video portrayed machismo, especially in the father; he wanted to take charge of everything.
- “Mi Hermano” points out that you can love a man and even marry him and not know about his past, including whether he has HIV.
- The video shows that you have to know your partner, even your husband, and talk about things like HIV even though it can be uncomfortable.
- HIV/AIDS can affect so many people: the husband, the wife, the baby, the whole family.

After participants have had the opportunity to discuss “Mi Hermano,” inform the group about the following:

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I want to provide some information now about perinatal transmission, which is an important issue in “Mi Hermano.” Perinatal transmission means that HIV can be passed from mother to child during pregnancy. According to the Centers for Disease Control and Prevention (CDC — the public health department of the government), 91 percent of children living with AIDS in the United States were infected during their mother’s pregnancy. But having HIV and being pregnant don’t necessarily mean your baby will be born with HIV. If a mother is HIV positive, her doctor can give her medications that will reduce the chance of her baby getting infected to 2 percent or less. Without medication, the chance of the baby getting infected is 25 percent. Early detection of HIV infection and treating pregnant mothers with medication can prevent the transmission of HIV to babies. We will talk more about perinatal transmission later.



Trainer’s Note:

At this point you should be halfway through implementation of Session 1.

Right now we are about halfway through Session 1. Are there any questions?

Would anyone like to share what you think or feel about what we are learning so far?



IT’S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD “STOP” FACING EVERYONE.

As facilitators, what do you think about Mi Hermano? How do you think your clients will react to it?

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IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.

FACTS ABOUT HIV AND AIDS IN THE LATINO COMMUNITY



Discussion



Purpose: To provide the facts about HIV and the Latino community



Needed Equipment, Supplies, and Materials: Slides 5–8



Time: 10 minutes

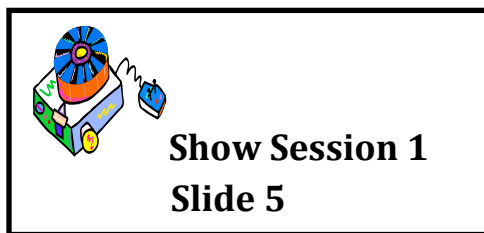
Many women are not aware of the effects that HIV has on the Latino community. During this discussion, provide facts about Latinos and HIV.

Let's spend some time talking about HIV and AIDS in the Latino community here in the United States. "Mi Hermano" shows how HIV and AIDS affect one particular family. We must always remember that HIV and AIDS cause hardship on individuals and the people close to them. HIV and AIDS also affect Latinos as a community. Let's talk about the data that show how HIV and AIDS affect Latinos. These data come from the Centers for Disease Control and Prevention.

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Feel free to ask questions as we review these slides.

Encourage participants to volunteer to read each slide and discuss the information. Sometimes statistics can be hard to understand. Make sure that participants understand the facts cited on each slide.



Latinos and HIV/AIDS

- Males account for the largest proportion of AIDS cases reported among Latinos in the United States, with the primary mode of infection being male-to-male sexual contact.
- For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases, with many cases linked to sex with an injection drug user.
- Injection drug use is the second leading cause of HIV infection among U.S. Latinas.

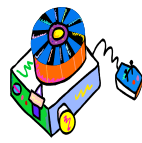
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Males account for the largest proportion of AIDS cases reported among Latinos in the United States, with the primary mode of infection being male-to-male sexual contact.

For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases, with many cases linked to sex with an injection drug user.

Injection drug use is the second leading cause of HIV infection among U.S. Latinas.

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Show Session 1 Slide 6

Latinos and HIV/AIDS

- In 2005, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35–44. Other leading causes of illness and death included heart disease, cancer, unintentional injuries or accidents, stroke, and diabetes.
- Hispanics/Latinos comprise about 15% of the United States population but accounted for 19% of new AIDS diagnoses and 19% of all people living with AIDS in the 50 states and the District of Columbia in 2007.

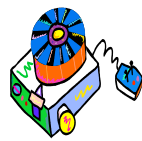


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In 2005, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35–44. Other leading causes of illness and death included heart disease, cancer, unintentional injuries or accidents, stroke, and diabetes.

Hispanics/Latinos comprise about 15 percent of the United States population but accounted for 19 percent of new AIDS diagnoses and 19 percent of all people living with AIDS in the 50 states and the District of Columbia in 2007.



Show Session 1 Slide 7

Latinos and HIV/AIDS

- Of all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19% of the total number of cases and 19% of the total number of AIDS cases among women.

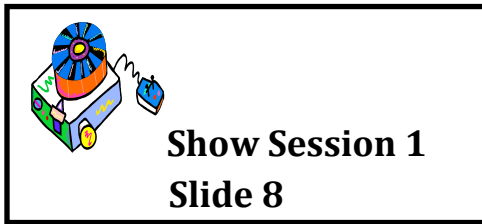


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Of all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19 percent of the total number of cases and 19 percent of the total number of AIDS cases among women.


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Latinos and HIV/AIDS

- Data suggest that Hispanics/Latinos born in Puerto Rico are more likely than other Hispanics/Latinos to contract HIV from injection drug use or high-risk heterosexual contact.
- Data suggest that sexual contact with other men is the primary cause of HIV infections among Hispanic/Latino men born in Central or South America, Cuba, Mexico, or the United States.

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Data suggest that Hispanics/Latinos born in Puerto Rico are more likely than other Hispanics/Latinos to contract HIV from injection drug use or high-risk heterosexual contact.

Data suggest that sexual contact with other men is the primary cause of HIV infections among Hispanic/Latino men born in Central or South America, Cuba, Mexico, or the United States.

Questions to prompt discussion:

- *Why do you think the risk for HIV and AIDS is so high among Latinos?*
- *Do you know anyone who has HIV? Please don't say the person's name because of confidentiality.*

Possible responses:

- Latino men don't like to wear condoms.
- Latinas are afraid to ask their men to wear condoms.
- Drugs and alcohol make men and women lose control and they don't think about the consequences.
- Cultural issues like machismo affect sexual behavior; men want to dominate and have their way and that means not having safe sex.

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ESSENTIAL INFORMATION ON HIV AND AIDS



Purpose: To define HIV and AIDS



Needed Equipment, Supplies, and Materials: Slides 9-22



Time: 45 minutes

What Is the Difference Between HIV and AIDS?



**Show Session 1
Slide 9**

HIV and AIDS

- HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS.
- AIDS stands for Acquired Immune Deficiency Syndrome.
- AIDS is a condition that describes an advanced state of HIV infection when a person's immune system is severely damaged.



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Many people are confused about the difference between HIV and AIDS, so let's make sure we understand what HIV is and what AIDS is. HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a condition that describes an advanced state of HIV infection when a person's immune system is severely damaged.

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Everyone has an immune system. The immune system's role is to protect the body from infections. Infections are caused by viruses, bacteria, and parasites. When a person has an infection, the immune system, which is made up of cells, tissues, and organs, attacks and destroys the infection. Some viruses damage the immune system and make it hard for people to stay healthy. HIV is an example of a virus that damages the immune system.

A person has AIDS when the immune system is badly damaged by HIV. When this happens, the person can catch infections that a healthy person could otherwise fight. People with AIDS often die from these infections. However, with the right medication, people with HIV or AIDS can look healthy and live active lives for many years.



IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.

The next part of the session consists of a group activity with materials that need to be prepared in advance of the session. Please read the discussion about preparation in your copy of the Facilitators Guide and let me know if you have questions.



IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.

Who Has HIV or AIDS?



Group Activity



Purpose: To reinforce the message that you can't tell if someone has HIV just by looking at him or her



Needed Equipment, Supplies, and Materials: Collage poster, Participant Workbooks, slide 10

The following exercise requires preparation prior to the session.

1. Use magazines, web sites, newspapers, or other resources to find 10 pictures of celebrities who have HIV/AIDS or have died of AIDS. Try to find pictures of celebrities who are not easily recognizable and are healthy looking. This way your participants will not readily know who the individuals are and if they have HIV or have died from AIDS.
2. Find 10 pictures of celebrities who do not have HIV or AIDS.
3. Once you have collected the pictures, create a collage on poster board for the activity "Who Has HIV or AIDS?"
4. Put a number (1-20) on each picture so that participants can link a picture with its number on the page in the workbook titled "Who Has HIV or AIDS?"

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The objective of this collage is to illustrate that no one can tell if a person is living with HIV or AIDS just by looking at him or her. This is an important idea to present because many people believe that you can tell if a person has HIV just by how the person looks. If a woman believes that she can tell whether a man is living with HIV, she could put herself at risk of infection by having unprotected sex.



Facilitator's Note:

Celebrities who have died from AIDS include: Perry Ellis, Arthur Ashe, Elizabeth Glaser, Ryan White, Frankie Ruiz, Robert Reed, and Anthony Perkins. Enter these names into an Internet search and you should be able to find pictures of each of them for your collage.

Celebrities who died years ago, such as Ryan White and Tony Perkins, are probably not recognizable to most SEPA participants. Do your best to include Latino men and women in your collage.

Hang up the collage. Refer participants to “Session 1, Worksheet 4: Who Has HIV or AIDS?” in their workbook.

Many women believe that they can tell whether or not a person is infected with HIV. If a woman thinks that she can tell if a potential partner has HIV just by looking at him, she may be less likely to protect herself from the virus by insisting that he use a condom. Look at the pictures on this collage and use the worksheet in your workbooks to note who on the collage has been infected by HIV and who has not. I will only give you a few minutes to decide. The goal of this activity is to determine whether the person has HIV or AIDS by looking at him or at her.

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After participants have completed the worksheet, write the numbers 1–20 on the newsprint. Take a vote for each picture by asking participants to close their eyes so they are not influenced by the other women. Write the tally next to the number of each picture. After voting has been completed, review the correct answers.

How many people think the person in picture #[x] has HIV or has died of AIDS?

Questions to prompt discussion:

- *How did you make your decision about who had HIV or AIDS?*
- *Was it an easy decision to make?*
- *If you can't look at someone and tell if the person has HIV, how do you know?*

Possible responses:

- People who have AIDS look sick and are usually very skinny.
- I knew some of the celebrities already and knew from the news whether they were infected.
- You can't go by these pictures because the pictures are of the celebrities when they were healthy.

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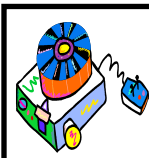


Facilitator's Note:

Don't forget to make your collage prior to Session 1. Search the Internet and magazines for pictures of celebrities. Remember: You want to pick 10 celebrities who are or who were infected with HIV, and 10 celebrities who are not infected. Make sure that the pictures of celebrities infected with HIV are mixed with the celebrities who are not infected. Try to find celebrities who are healthy looking and your participants will not recognize easily, and thus not know their HIV status. Remember the goal of this activity is to convince participants that you can't determine if a person has HIV just by looking at him or her. Each picture should be clearly marked with a number. Below is a list of celebrities that you can use for the collage. However, you are encouraged to create a collage that is culturally appropriate for the participants in your SEPA sessions.

Persons Infected With HIV	Persons Not Infected With HIV
Anthony Perkins	George Lopez
Ryan White	John Leguizamo
Nestor Almendros	Charo
Max Robinson	Tiger Woods
Pedro Zamora	Selena Gomez
Amanda Blake	Marc Anthony
Hector Lavoe	Salma Hayek
Frankie Ruiz	Rick Gonzalez
Elizabeth Glaser	Michael Jackson
Rudy Galindo	Jennifer Lopez

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Show Session 1 Slide 10

Can You Tell If a Person is Living With HIV or AIDS?

- No one can tell if a person is living with HIV or AIDS by just looking at the person.
- Someone can look healthy and feel healthy for 10 years or more after getting infected and not even know that he or she is living with the virus.
- With treatment, a person living with HIV or AIDS can look and feel healthy for many years.



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No one can tell if a person is living with HIV or AIDS by just looking at the person. Someone can look healthy and feel healthy for 10 years or more after getting infected and not even know that he or she is living with the virus. With treatment, a person living with HIV or AIDS can look and feel healthy for many years.

Do you have any questions?

How is HIV Transmitted?



Discussion



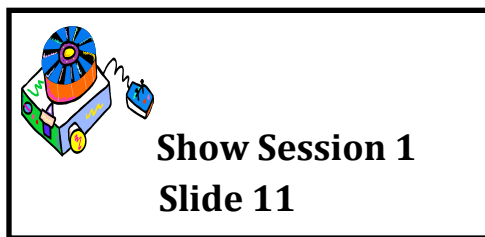
Purpose: To discuss how HIV is transmitted



Needed Equipment, Supplies, and Materials: Slides 11–13

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Many Latinas do not know how HIV is transmitted. This discussion will review the ways in which HIV is transmitted and emphasize that unprotected sex is the most common way for Latinas to contract the virus.



How is HIV Transmitted?

- HIV is transmitted through bodily fluids: semen, vaginal secretions, blood (including menstrual blood), and mother's milk.
- A mother with HIV or AIDS who doesn't receive proper medication can transmit the virus during pregnancy, child birth, or lactation (breast feeding).
- People who share needles with someone who has HIV can get the virus from the infected person's blood.
- HIV is most often transmitted by unprotected sex, or sex without the use of condoms.

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If we don't know how people get infected with HIV, how can we prevent it?

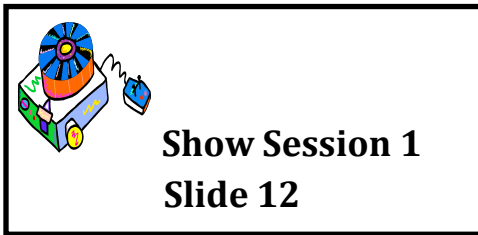
HIV is transmitted through bodily fluids. The bodily fluids that transmit HIV are semen, vaginal secretions, blood (including menstrual blood), and breast milk.

A mother with HIV or AIDS who doesn't receive proper medication can transmit the virus during pregnancy, child birth, or lactation (breast feeding).

People who share needles with someone who has HIV can get the virus from the infected person's blood.

HIV is most often transmitted by unprotected sex, or sex without the use of condoms.


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How is HIV Transmitted?

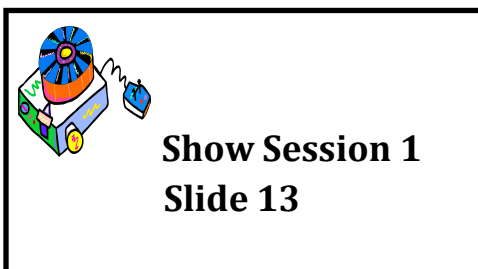
- HIV does not live for long outside of the body. If a bodily fluid that contains the virus is outside the body, for example, on the bed or a piece of clothing, it quickly loses its power to infect someone.
- Blood contains the highest concentration of HIV, followed by semen and vaginal fluids.

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HIV generally does not live for long outside of the body. If a bodily fluid that contains the virus is outside the body, for example, on the bed or a piece of clothing, it quickly loses its power to infect someone. We need to point out that HIV can survive for several days in the small amount of blood that remains in a needle used to inject drugs or used for tattoos and body piercing. That's why you should never share injection drug equipment and why you should only see body artists who use sterile needles.


Blood contains the highest concentration of HIV, followed by semen and vaginal fluids.



Drugs, Alcohol, and HIV Risk

- Drug abuse plays an important role in transmitting HIV.
- Using drugs and alcohol changes the way our brain works and can impair judgment and increase poor decision making.
- People who are drunk or high often forget to think before they act and have unprotected sex.
- Many Latinas in the United States have become infected from injection drug use.

SEPA Session 1: The Impact of HIV and AIDS on Our Community



Drug abuse plays an important role in transmitting HIV. Using drugs and alcohol changes the way our brain works and can impair judgment and increase poor decision making. This means that people who are drunk or high often forget to think before they act and they have unprotected sex.

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As we noted, many Latinas in the United States have become infected from injection drug use. As we talked about before, if someone shares needles with a person who has HIV, and that person's blood enters the other person's bloodstream, infection is possible. In blood, the virus is very strong and a small amount of blood can cause infection.

Are there any questions or comments about HIV transmission?

Perinatal Prevention and How HIV is not Transmitted



Discussion



Purpose: To discuss perinatal transmission and prevention

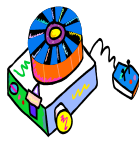


Needed Equipment, Supplies, and Materials: Slides 14–16

An important topic for many Latinas is HIV, pregnancy, and childbirth. The goal of the next discussion is to inform participants about perinatal transmission and prevention.

Now we're going to talk about a subject that is especially important to women: HIV, pregnancy, and childbirth. Remember how upset the family was in "Mi Hermano" because Marta had HIV and was pregnant?

Use Slides 14 and 15 to discuss HIV/AIDS and pregnancy and childbirth. Ask the group to shout out the answer after each item on the slide is read.



Show Session 1 Slide 14

HIV and Pregnancy

- Can a woman living with HIV transmit the virus to her unborn child?
 - Yes
- Can a woman living with HIV get pregnant and have children?
 - Yes



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Can a woman living with HIV transmit the virus to her unborn child?

Answer: *Yes. A woman can transmit the virus to her unborn child during pregnancy, labor, or delivery.*

Can a woman living with HIV get pregnant and have children?

Answer: *Yes. Women with HIV can have healthy children. Women should be tested before getting pregnant. Early treatment will decrease the chance of transmitting the virus to the unborn child. Medication called antiretroviral therapy, which is given to the mother during pregnancy, labor, and delivery, and then to the newborn, as well as elective cesarean section for women with high viral loads, can reduce perinatal HIV transmission.*



Show Session 1 Slide 15

HIV and Pregnancy

- Should a woman living with HIV feed her breast milk to her infant?
 - No
- Can infants be fed breast milk from women who are not their biological mothers?
 - Yes
- Can a woman living with HIV sleep with and hug her infant?
 - Yes



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Should a woman living with HIV feed her breast milk to her infant?

Answer: *No. A woman living with HIV should not feed her infant her breast milk because it can transmit the virus.*

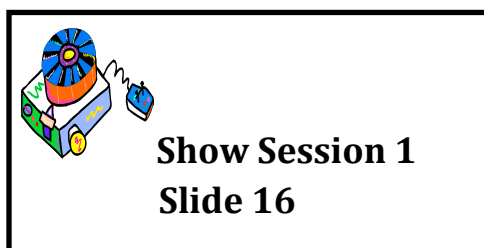
Can infants be fed breast milk from women who are not their biological mothers?

Answer: *Yes. Infants can be fed breast milk from a breast milk bank, but only if the breast milk is tested for HIV. A breast milk bank stores human breast milk from donors and can be used by mothers who are unable to breast feed.*

Can a woman living with HIV sleep with and hug her infant?

Answer: *Yes. A woman living with HIV can and should cradle and maintain a normal, affectionate relationship with her infant.*


Now it's time to talk about ways that HIV cannot be transmitted.



HIV Transmittal

HIV is *not* transmitted by:

- Kissing and hugging
- Using bathrobes, towels, and clothing used by people with HIV
- Sharing dishes and utensils such as forks and spoons
- Donating blood
- Mosquito or insect bites



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HIV is not transmitted by:

- *Kissing and hugging*

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- *Using bathrobes, towels, and clothing used by people with HIV*
- *Sharing dishes and utensils such as forks and spoons*
- *Donating blood*
- *Mosquito or insect bites*

HIV affects all of us. People are infected with HIV at all social class levels, educational levels, and races throughout the world. The risk is not determined by who you are, but by what you do. Please note that a woman is significantly more likely than a man to get infected with HIV during vaginal intercourse.

Testing for HIV Infection



Discussion



Purpose: To discuss testing for HIV infection



Needed Equipment, Supplies, and Materials: Slides 17–20

The following discussion reviews how HIV can be detected in the body.


Let's talk about how HIV can be detected in your body.



HIV Detection

- When HIV enters the body, the immune system produces antibodies — proteins that help your body fight infection.
- HIV stops the antibodies from fighting infection.
- The antibodies are used in HIV tests to tell whether a person is infected.

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When HIV enters the body, the immune system produces antibodies. Antibodies are proteins that help your body fight infection.


HIV stops the antibodies from working. With HIV, a person cannot fight off infection. Even though the antibodies do not work, they are still present in the bloodstream. The antibodies are used in HIV tests to tell whether a person is infected.



Window Period in HIV Testing

- This period is the time before the immune system produces enough antibodies to be detected by an HIV test.
- During the “window period,” an infected person is very contagious and can transmit HIV to others.
- The average time for detectable antibodies to develop is 25 days after infection.

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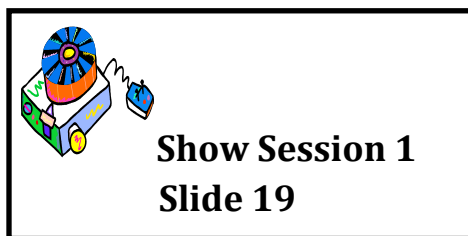
It takes time for the immune system to produce enough antibodies for an HIV test to detect. This time period is called the “window period,” and it can vary from person to person.

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Most people develop detectable antibodies within two to eight weeks after infection. Almost everyone will have detectable antibodies in the first three months after being infected.


During the “window period,” an infected person will not know his status, is very contagious, and can transmit HIV to others.

The average time for detectable antibodies to develop is 25 days after infection.



HIV Testing

- Blood and oral fluid (fluid from the mouth) are used to detect antibodies.
- Rapid HIV tests can give results in about 20 minutes.
- All positive tests require a second confirmatory test.
- A negative result does not mean that your partner is also negative.

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Most HIV tests use blood to detect infection. Rapid HIV tests use blood or oral fluid and can give results in about 20 minutes.

All positive tests must be followed up by another test to confirm the positive result. These tests could take a few days or a few weeks.

If you have a negative test result, it does not mean that your partner is also negative.


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HIV Testing

- Persons with confirmed positive test results should receive medical treatment from an HIV specialist.
- To find a location for HIV testing, call 1-800-232-4636, 24 hours a day. This confidential information from the CDC is available in English and in Spanish.
- Information on locations is also available at www.hivtest.org.

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If you test positive for HIV, the sooner you get medical treatment, the better. Early medical treatment from an HIV specialist and a healthy lifestyle can help you stay well.

To find a location for HIV testing, call 1-800-232-4636, 24 hours a day. This information from the CDC is available in English and in Spanish. You can also find locations at www.hivtest.org.

There is one product for home testing that has been approved by the government's Food and Drug Administration (FDA). The kit is marketed as either "The Home Access HIV-1 Test System" or "The Home Access Express HIV-1 Test System." It requires users to collect a blood specimen and mail it to a laboratory for professional testing. No test kits allow consumers to interpret the results at home. The FDA-approved home tests are more than 99 percent accurate beyond six months after possible exposure to the virus.

Question to prompt discussion:

- *You do not have to answer this question if you don't feel comfortable doing so, but has anyone had an HIV test or does anyone know someone who has? Would you like to describe what happened?*

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Facilitator's Note:

If you have had an HIV test and feel comfortable talking about it, please do so.



IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.

Let's stop now to see how you're doing and what you think of the material we've covered so far.

What are your thoughts and comments? Are there questions?

Question to Prompt Discussion:

What can you do to motivate SEPA participants to get an HIV test?



IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.

Signs and Symptoms of HIV Infection



Discussion



Purpose: To review the signs and symptoms of HIV infection



Needed Equipment, Supplies, and Materials: Slides 21–22

The following section reviews the signs and symptoms of HIV infection.



**Show Session 1
Slide 21**

Signs and Symptoms of HIV

- Early signs and symptoms feel like the flu.
- Later signs and symptoms include:
 - Exhaustion and weight loss
 - Diarrhea lasting up to a month
 - Persistent cough
 - Chronic yeast infections or thrush (yeast infection of the mouth)
 - Fever and night sweats
 - Easy bruising and body rashes
 - Purple-colored lesions on the skin or inside mouth
 - Swollen glands



SEPA Session 1: The Impact of HIV and AIDS on Our Community

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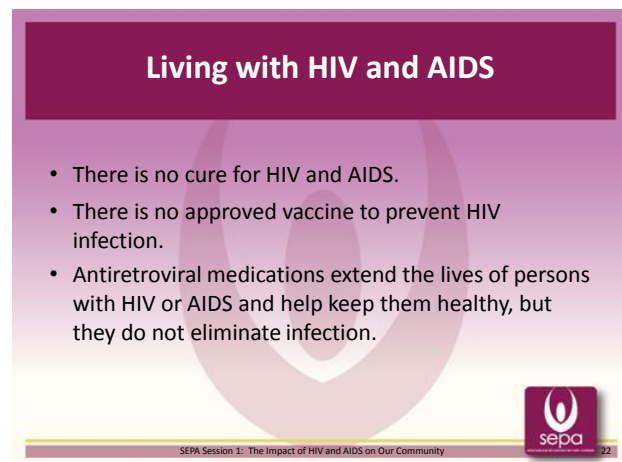
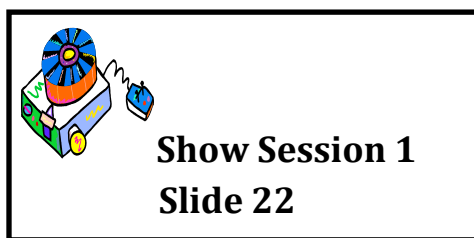
What are the signs and symptoms of being infected with HIV?

The earliest symptoms of HIV infection occur when the body begins to form antibodies. Early symptoms feel like the flu and include fever, rash, muscle aches,

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and swollen lymph nodes and glands. Many people do not have these early symptoms or they think they have the flu.

Over time, different symptoms develop. These include exhaustion, weight loss, diarrhea lasting up to a month, persistent cough, chronic yeast infections or thrush (yeast infection of the mouth), fever and night sweats, easy bruising, body rashes, purple colored lesions on the skin or inside mouth, and swollen glands.

A presentation slide with a purple header and a light purple background. The header contains the title "Living with HIV and AIDS" in white. Below the header, there are three bullet points in black text. At the bottom right, there is a small purple square logo with the word "sepa" in white. At the bottom left, there is a small line of text: "SEPA Session 1: The Impact of HIV and AIDS on Our Community".

Living with HIV and AIDS

- There is no cure for HIV and AIDS.
- There is no approved vaccine to prevent HIV infection.
- Antiretroviral medications extend the lives of persons with HIV or AIDS and help keep them healthy, but they do not eliminate infection.

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There is no cure for HIV and AIDS, and there is no vaccine to prevent HIV infection. There are over a million persons living with HIV in the United States. Those who take their antiretroviral medication every day can look healthy, have jobs, and feel good for many years, but they will always be infected with HIV.

The Importance of Preventing HIV



Discussion



Purpose: To discuss the importance of preventing HIV

HIV infection affects everyone in the Latino community. The disease not only impacts those who are infected, it also affects the person's family and friends, the community, and the health care system. The following discussion allows women to brainstorm how HIV impacts their communities.

Question to prompt discussion:

- *How does HIV infection impact our community?*

Possible responses:

- People get sick and can't work.
- People die.
- Children may lose their moms or dads.
- When there's HIV in the community, there's a greater chance of getting infected.
- Some people don't have health insurance and can't get treatment.

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HIV infection affects everyone in our community. The disease not only impacts those who are infected, it also affects the person's family and friends, the community, and the health care system.

The Latino community is affected by morbidity and mortality from HIV and AIDS, two terms for sickness and death. Sickness and death bring suffering to people and prevent communities from doing well financially, culturally, and artistically.

As if this isn't enough, children are orphaned because of HIV or left without family members to care for and nurture them. If children do not grow up to be healthy and educated, the Latino community and the nation as a whole suffer. HIV has a huge impact on our community and, as we have discussed, that impact is not good. Prevention is the best way to reduce this negative impact and to protect yourself and your community from HIV.

Remember, earlier I said that people are not at risk of getting HIV because of who they are, but because of what they do. We can all prevent HIV and protect ourselves by the decisions we make and the actions we take.

We will spend more time on HIV prevention – that is how to protect yourself from HIV – as well as the prevention of other sexually transmitted diseases during our next session. We will also discuss sexuality and male and female reproductive anatomy — three very important and interesting topics. I'm sure you will enjoy Session 2, and I hope all of you are able to attend and participate.

WRAP-UP ACTIVITIES

Wrap-up activities include key messages, homework assignments, and session evaluations. These are standard activities for each session.



Discussion



Purpose: To review key messages and homework assignment; to distribute evaluation sheets



Needed Equipment, Supplies, and Materials: Slides 23-27, Participant Workbooks, evaluation sheets



Time: 5 minutes

Before we end, I want to review key messages from today's session. Turn to "Session 1, Worksheet 5: Session 1 Key Messages" in your workbook. Please share these key messages with people you know.

Show Slides 23–27 as key messages are reviewed.




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Session 1 Key Messages

- HIV stands for Human Immunodeficiency Virus. HIV causes AIDS — Acquired Immune Deficiency Syndrome.
- Being HIV positive, or living with HIV disease, is not the same as having AIDS. HIV disease advances to AIDS when the immune system of an infected person is seriously damaged.
- Of all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19% of the total number of cases and 19% of the total number of AIDS cases among women.

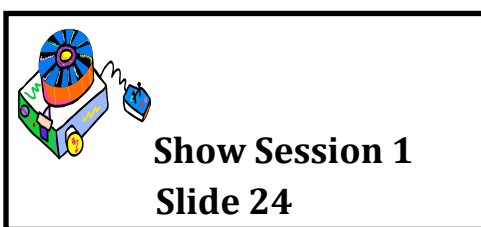
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Session 1 Key Messages

- For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases.
- A woman is significantly more likely than a man to get infected with HIV during vaginal intercourse.
- Injection drug use is the second leading cause of HIV infection among U.S. Latinas.
- HIV can be transmitted from an infected person to someone who is not infected through blood (including menstrual blood), semen, vaginal secretions, and breast milk.

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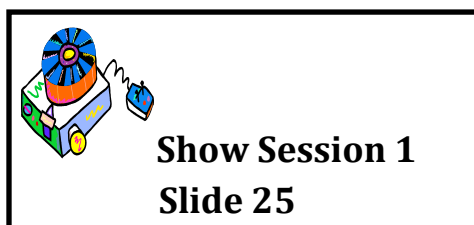
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Session 1 Key Messages

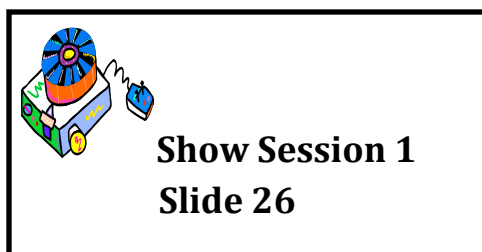
- Blood contains the highest concentration of HIV, followed by semen and vaginal fluids.
- The most common ways to get infected with HIV are unprotected sexual intercourse with an infected partner and injecting drugs with equipment used by someone who is infected.

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Session 1 Key Messages

- All pregnant women should get tested for HIV. A woman living with HIV can transmit the virus to her baby during pregnancy, labor, and delivery (perinatal transmission), and through breastfeeding.
- Antiretroviral therapy during pregnancy can greatly reduce perinatal transmission — the transmission of HIV to the baby.

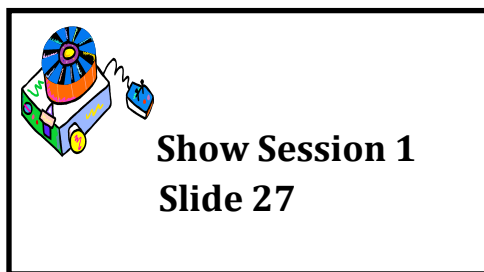
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Session 1 Key Messages

- There are tests that can detect HIV, including rapid tests that use blood or oral fluid to look for HIV antibodies.
- HIV tests are available from your doctor, and confidential tests are available from your local health department.
- Information about HIV testing sites is available from CDC at 1-800-232-4636 and www.hivtest.org.
- There is currently no cure for HIV or AIDS, but HIV medications can help infected persons stay healthy for many years.
- We can protect ourselves from HIV by choosing safer behaviors.



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We are at risk of getting HIV because of what we do. We can protect ourselves from HIV by choosing safer behaviors.

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Homework

Let's turn to "Session 1, Worksheet 6: Home work – A Conversation about HIV and AIDS." This is your first homework assignment.

To practice what we have learned and educate members of our community, homework is assigned after each session. Don't be frightened and don't worry about having homework. Do your best to complete the assignments. You will see that they can be fun as well as beneficial to you and the community.

Your first assignment is to talk to someone about what he or she knows about HIV and AIDS. This person could be your husband or partner, or a friend or neighbor. Before you end the conversation, try to share an important point from today's session. We'll discuss how things went during our next session.



Evaluation

Refer participants to "Session 1, Worksheet 7: Session 1 Evaluation" in their workbooks. Ask them to complete the evaluation worksheet.

Before you leave, please take a minute to complete these evaluation sheets. We want to find out what you liked, what didn't work well for you, and what other topics are of interest. When you are finished, tear the sheets out of your

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workbook and place them on the table. I will use your feedback to make SEPA a better experience for you.

Thank you and I look forward to seeing you at our next session, which is [date/day/time]. We will spend more time on HIV prevention and will also discuss STDs, sexuality, and human reproductive anatomy. It will be a great session.

YOU MAY WANT TO INCLUDE A BREAK AT THIS POINT



IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.

FACILITATOR FEEDBACK



Time: 15 minutes

Initiate a feedback discussion with facilitators about the session. Ask facilitators to describe how the session felt and what concerns they may have about implementing the session with participants. Answer all facilitator questions about the session and about the day.

You have now completed Session 1 of the training. How is everybody feeling?

TEACH-BACK ASSIGNMENTS



Teach-Backs



Purpose: To provide facilitators with the opportunity to practice activities in Project SEPA



Time: 15 minutes

Facilitation of a behavior change intervention involves a number of skills, such as:

- *Presenting and explaining information from scripted materials; understanding content*
- *Transitioning from one topic to another*
- *Modeling and demonstrating behaviors, such as assertive communication and condom use*
- *Providing directions and instructions for role-plays and group activities*
- *Leading group discussions*
- *Summarizing key points and messages*

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Each person who attends SEPA training and who will implement the intervention with clients must participate in at least one teach-back.

Over the next few days, each of you will get a chance to teach-back some of the session discussion and activities. What does this mean? Each of you will be asked to pick a topic and facilitate a discussion, exercise, or activity. The rest of the group will pretend to be SEPA participants and they will respond to your questions. After you complete the teach-back, we want to hear what you think. Then I and the other facilitators will provide feedback based on a feedback form to help you improve your facilitation.

Successful implementation of a teach-back requires practice. For those of you who are selected to do a teach-back on Session 1, spend some time this evening practicing your assignments. Use the Facilitators Guide to help you. Tomorrow, you will have approximately 15 minutes to conduct your teach-back. We have two teach-back exercises for Session 1. Who would like to volunteer?

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Teach-Back Assignments for Session 1

Topic or Activity	Session #	Page(s) in Facilitators Guide	Slide #	Facilitator's Name	Notes (Date and Time of Teach-Back)
Perinatal Prevention	1	44-47	14 - 16		
Testing for HIV Infection	1	48-51	17- 20		

Wait for responses. If no one volunteers, randomly pick a facilitator from the hat or bowl for each teach-back.

Day 1 is complete. Thank you for being so cooperative. Does anyone have questions about SEPA or the training?

After all the questions have been addressed, remind participants of the start time and key topics for the next day's training.